

Name
in
Full

CERTIFICATE OF DEATH

Joseph D. Bailey

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Denton* ^{Town} *Caroline* ^{County} **MARYLAND**

Date of death *1905 Aug 28* ^{Month} ^{Day} ^{Years} ^{Months} ^{Days} Age *20*

Sex *Male* Color or Race *Black* Birth-place *MD*

Occupation *Port Black* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Geo. Bailey* Father's Birthplace *MD*

Mother's Maiden Name *Anna M. Haymon* Mother's Birthplace *MD*

Name of person giving information *Chas Bailey* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

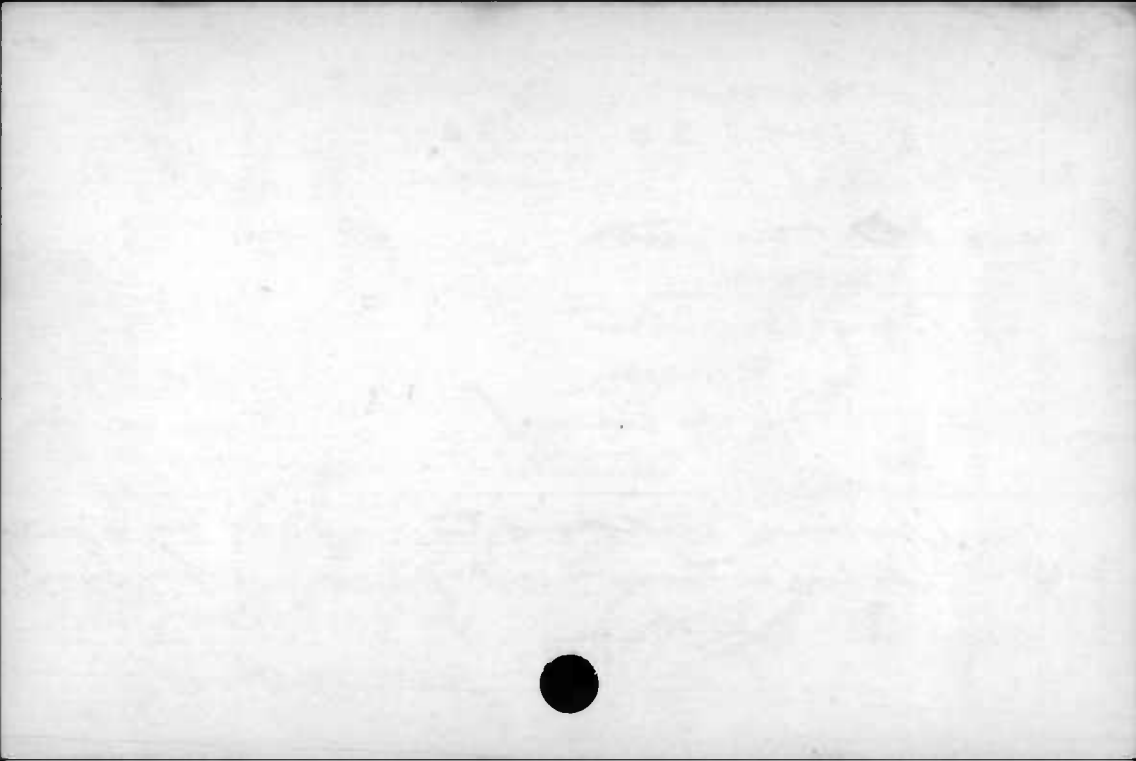
Primary *Pulmonary Tuberculosis* How long *3 months*

Immediate *Same* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P R Disher* Address *Denton MD*

Accident or Suicide? *No*



Name
in
Full

Mary Berry

CERTIFICATE OF DEATH

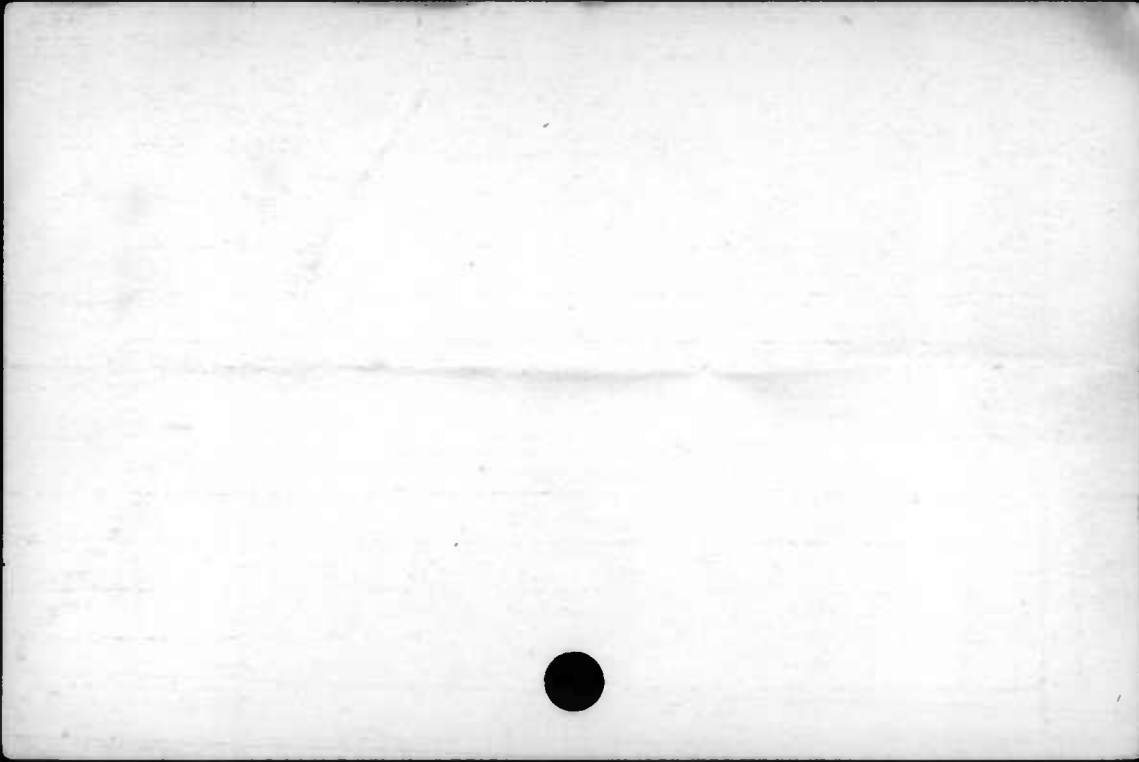
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pondson		County Carroll		MARYLAND	
Date of death		1905	Month May	Day 20	Age 70	Years	Months —
Sex Female		Color or Race Black		Birth-place I.A. Co.		Days —	
Occupation No occupation				Where Residing if not at place of death —			
Married, Single or Widowed Widow		Name of Wife or Husband —					
Father's Name Benji Cellister		Father's Birthplace I.A. Co.				Mother's Birthplace I.A. Co.	
Mother's Maiden Name Dorit Kuo		How related to deceased Son-in-law				Name of person giving information Nock Daniel	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Endocarditis	How long	Not known definitely
Immediate	Cardiac asthma - heart failure	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. V. B. Rowe, M.D.	
70		Address Semperville, Md.	
Accident or Suicide?			



Name
in
Full

Medford Earl Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ridgely* Town*Caroline Co* CountyDate of death *1905* Month *Aug*Day *8*Age *—* YearsMonths *one*Days *23*Sex *Male*Color or Race *Colored*Birth-place *Ridgely, Caroline Co., Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's Name *Ernest Blake*Father's Birthplace *Star, Ind.*Mother's Maiden Name *Nora Fisher*Mother's Birthplace *Ruthsburg, Md.*Name of person giving
Information *Ernest Blake*How related
to deceased *Father*

CAUSES OF DEATH

Primary

Diarrhea

How long

How long

} *4 weeks*

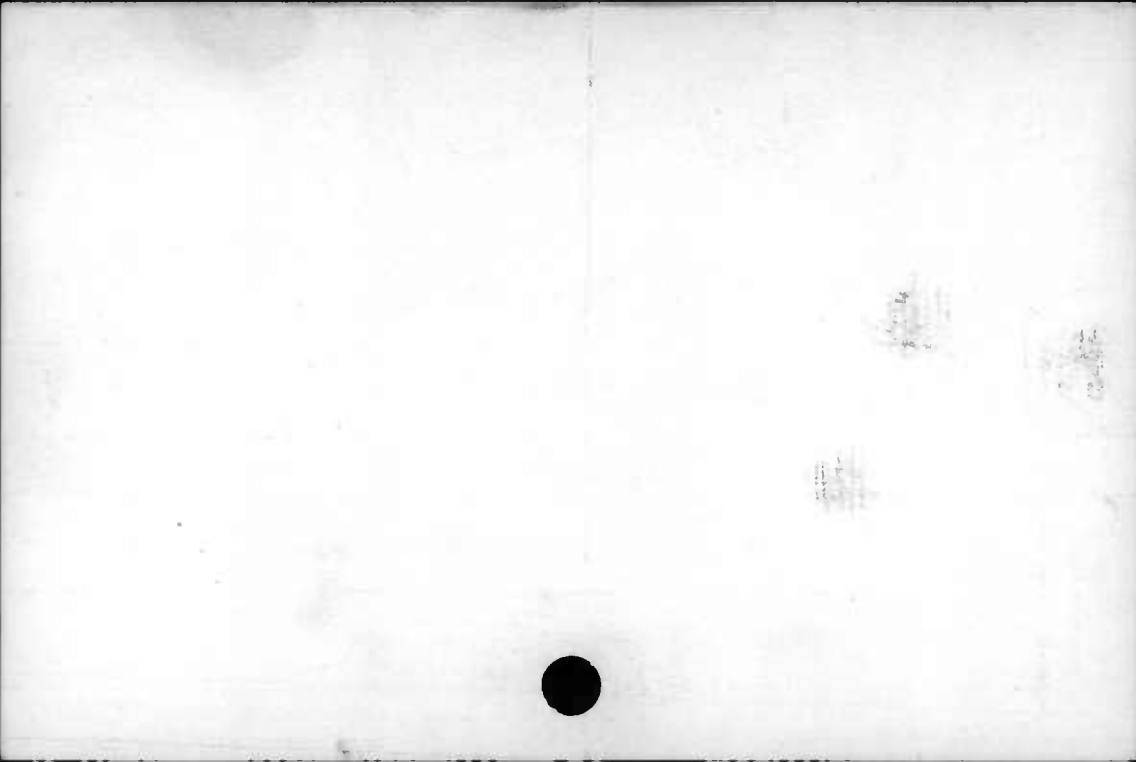
Immediate

*Exhaustion*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Walter H. Fowly
Ruthsburg, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

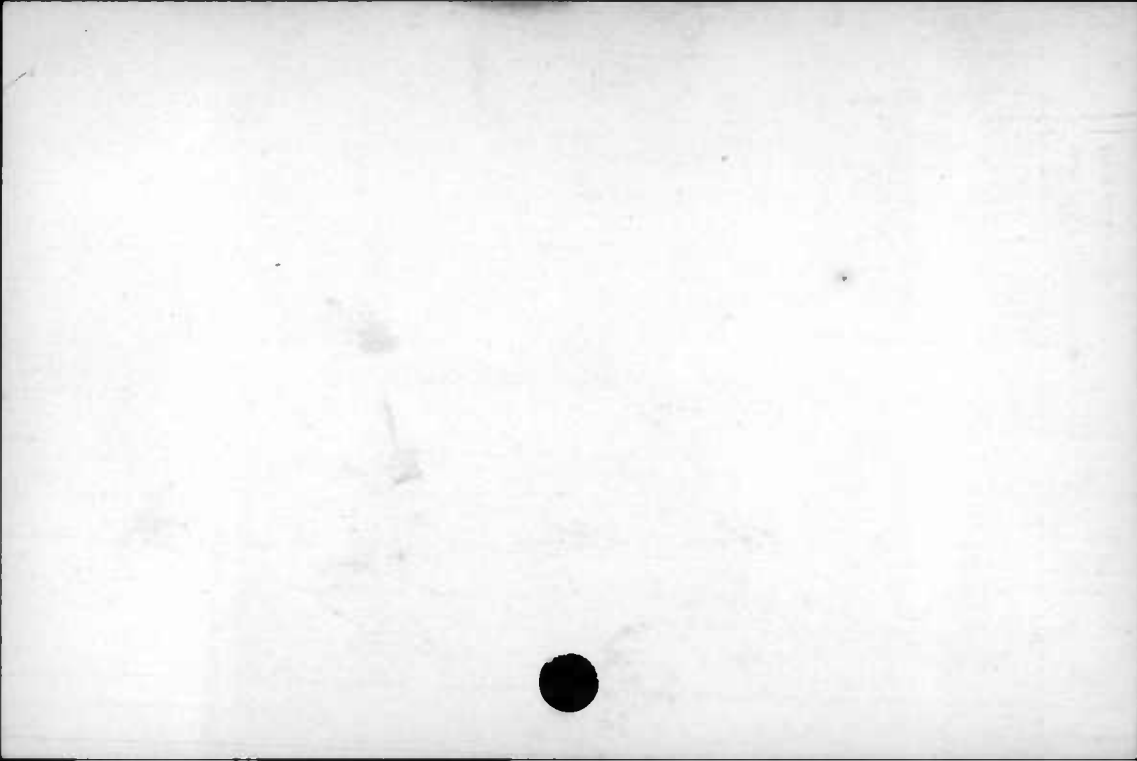
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		Town <i>Caroline</i>		County		MARYLAND							
Date of death <i>190</i>		Month <i>Aug</i>		Day <i>18</i>		Age ..		Years		Months		Days	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>		Married, Single or Widowed <i>M</i>		Name of Wife or Husband <i>None</i>	
Father's Name <i>John Chance</i>		Father's Birthplace <i>Ind</i>		Mother's Maiden Name <i>Martha Browne</i>		Mother's Birthplace <i>Ind</i>		Name of person giving information <i>John Chance</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>9</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P.R. Fisher</i>	
Accident or Suicide? <i>No</i>		Address <i>Denton</i>	



Name in Full		Willie E. Embury				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near <u>Purton</u>		County <u>Caroline</u>		MARYLAND		
	Date of death	1905	Month <u>Aug</u>	Day <u>24</u>	Age	Years <u>10</u>	Months <u>16</u>
	Sex	<u>Female</u>		Color or Race	<u>White</u>		
	Occupation	<u>—</u>		Birth-place	<u>Maryland</u>		
	Where Residing if not at place of death			<u>—</u>			
	Married, Single or Widowed			Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		<u>Percy C Embury</u>		Father's Birthplace <u>Canada</u>		
	Mother's Maiden Name		<u>Louise Walker</u>		Mother's Birthplace <u>Maryland</u>		
	Name of person giving information		<u>Percy C Embury</u>		How related to deceased <u>Father</u>		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		<u>Cholera Infantum</u>		How long <u>1 week</u>		
	Immediate		<u>Convulsions</u>		How long <u>3 hours</u>		
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>J. L. Noble</u>		
	Address		<u>Purton Md.</u>				
Accident or Suicide? <u>—</u>							



Name
in
Full

Sophie Erb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *The Pains, Ridgely, Caroline*Date of death *1905 Aug. 20* Age *75* Months *4* DaysSex *Female* Color or Race *German* Birth-place *Germany*

Occupation _____ Where Residing if not at place of death _____

Married, ~~Single~~ *Married* Name of Wife or Husband *Johnnes Erb.*Father's Name *Adam Schriesler* Father's Birthplace *Germany*Mother's Maiden Name *Margaretta Kadel* Mother's Birthplace *Germany*Name of person giving information *Johnnes Erb.* How related to deceased *Widow*

CAUSES OF DEATH

Primary *Senility.*Immediate *Exhaustion*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*C. B. Stone
Ridgely
Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William H. Hubbard

CERTIFICATE OF DEATH

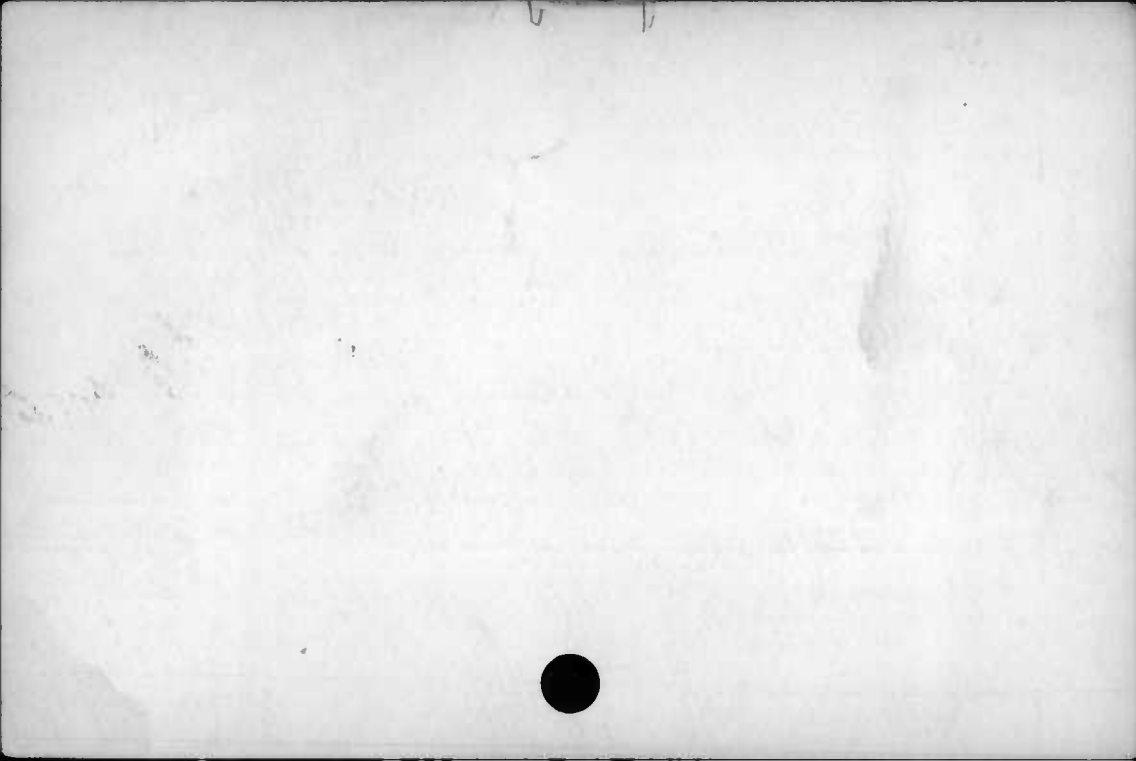
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greensboro</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u> <small>Month</small> <u>Aug</u> <small>Day</small>		Age <u>73</u> <small>Years</small>		<u>7</u> <small>Months</small> <u>3</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Caroline Co.</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or <u>Husband</u> <u>Matilda Hubbard</u>					
Father's Name <u>Enck Hubbard</u>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <u>Ashbury Hubbard</u>				How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bilious Dysentery</u>	How long <u>Twelve days</u>
Immediate <u>Weak heart</u>	How long <u>Several years</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. G. Goff, M.D.</u>
<u>Yes</u>	Address <u>Greensboro</u>
Accident or Suicide? <u>—</u>	<u>Maryland.</u>



Name
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Full

CERTIFICATE OF DEATH

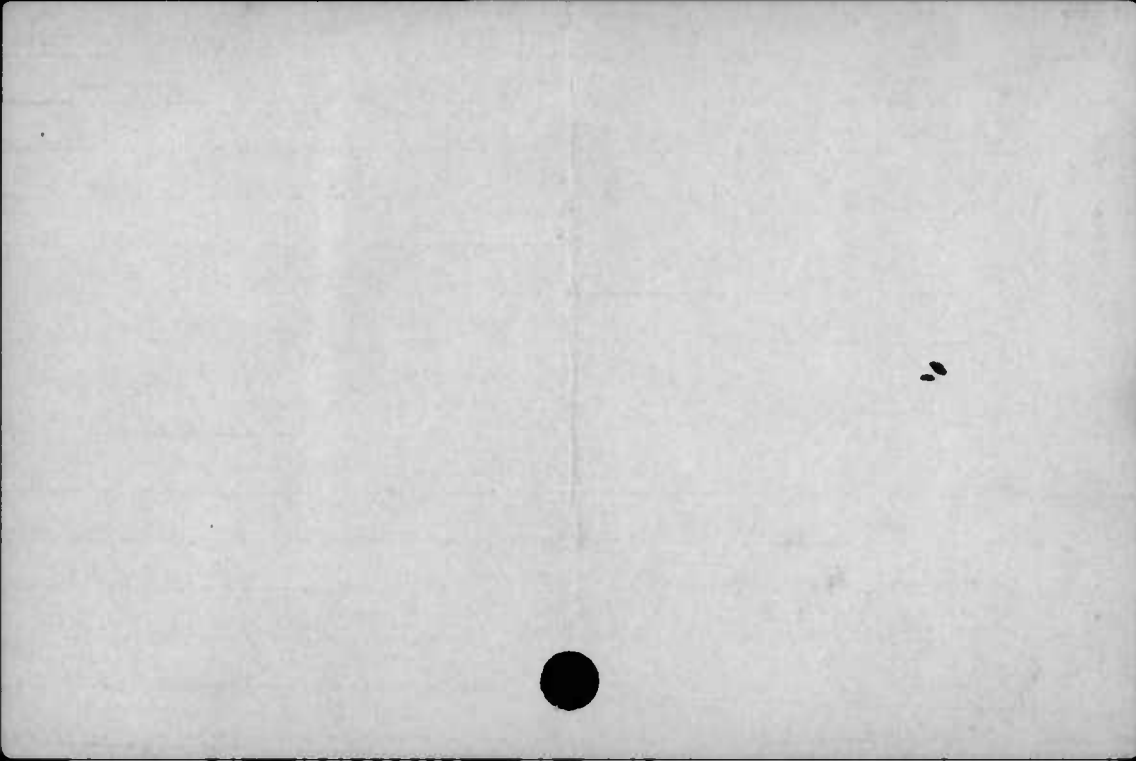
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Henderson</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>19</i>	Age <i>69</i>	Years	Months <i>7</i>	Days <i>19</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name or Wife or Husband <i>James H. Downes</i>					
Father's Name <i>Garrett Jones</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Elizabeth Richardson</i>		Mother's Birthplace <i>Dorchester Co. Md.</i>					
Name of person giving information <i>Robt. H. Edge</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. S. [illegible]</i>
	Address <i>Henderson Md</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

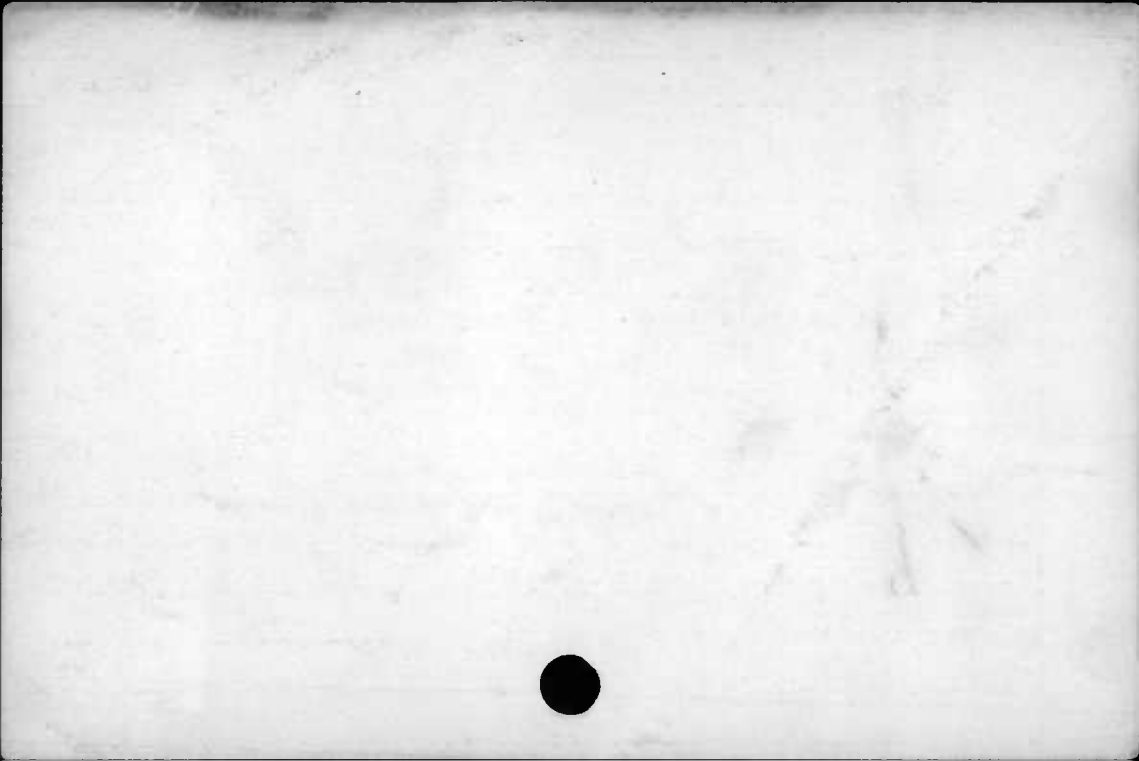
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marbleton</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1900	Month	May	Day	15	Age	45
Sex	Female	Color or Race	White	Months	11	Days	29
Occupation	House wife			Birth-place	Delaware		
Where Residing if not at place of death							
Married, Single or Widowed	Married			Name of Wife or Husband	Jas. Trubitt		
Father's Name	Thomas Pearson			Father's Birthplace	Delaware		
Mother's Maiden Name	Rachel Forrester			Mother's Birthplace	Delaware		
Name of person giving information	Jas. Trubitt			How related to deceased	His son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>		How long	<i>15 days</i>
Immediate	<i>Toxemia</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
pro		<i>J. S. Kent</i>		
Address				
Accident or Suicide?				



Name in Full

Certificate of Death

Paul Percy.

Died at

Town Federalburg County Carolina

MARYLAND

Date 189

1901 8 / 1 Y. M. D. 2 / 3 Native of Md. Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm. A. W. Percy

Mother's

Name

Lycia Percy.

Cause of

Primary

Euphrasia

How long sick

17 days.

Death

Immediate

Ex. Euphrasia

Accident, Suicide, Homicide

Reported by

J. F. Garrison.

Address

Federalburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Mrs. Nancy Stafford

CERTIFICATE OF DEATH

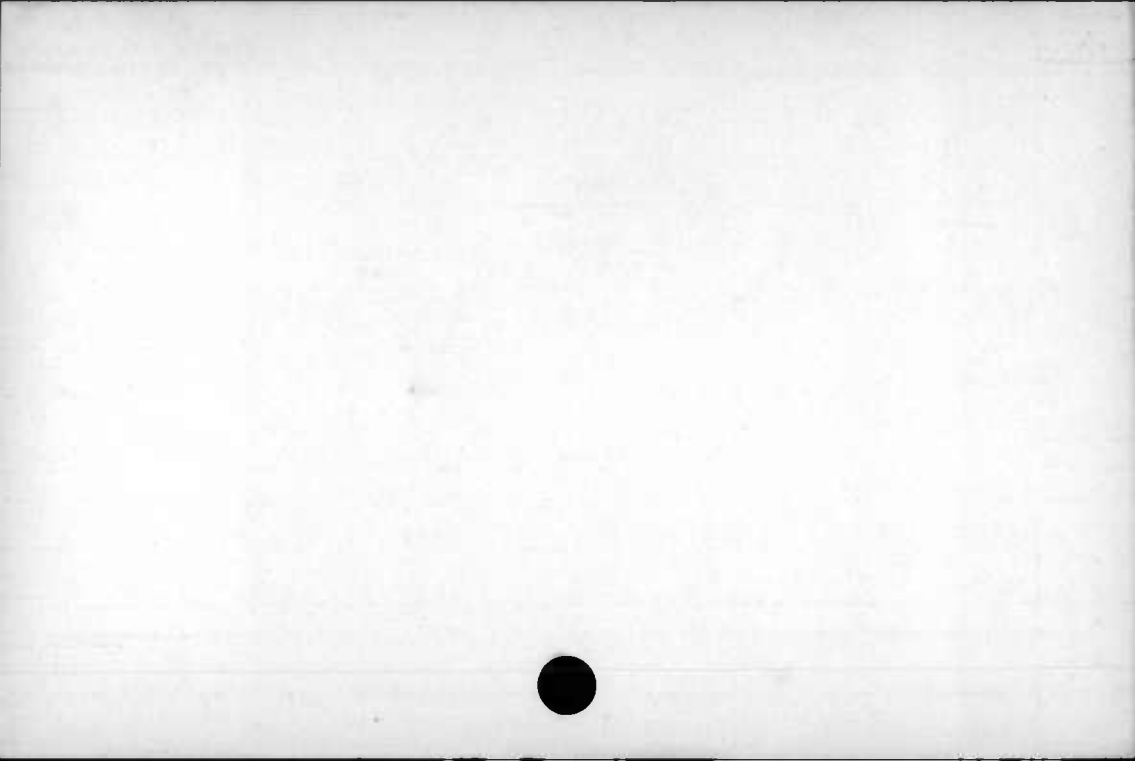
TO BE ANSWERED BY
NEAREST FRIEND

Died at Burrsville			County Caroline			MARYLAND	
Date of death 1905	Month August	Day 13	Age 8 5	Months 11	Days 17		
Sex Female		Color or Race white		Birth-place Delaware			
Married, Single Widowed			Occupation None				
Name of Wife or Husband John Stafford							
Father's Name Clement Jones				Father's Birthplace Delaware			
Mother's Maiden Name Sarah Voss				Mother's Birthplace Delaware			
Name of person giving information Mrs. W. P. Stafford				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old Age	How long
Immediate Diarrhea	How long One Week
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Faulstich</i>
	Address 13 Burrsville M. T.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Wm Edward Todd

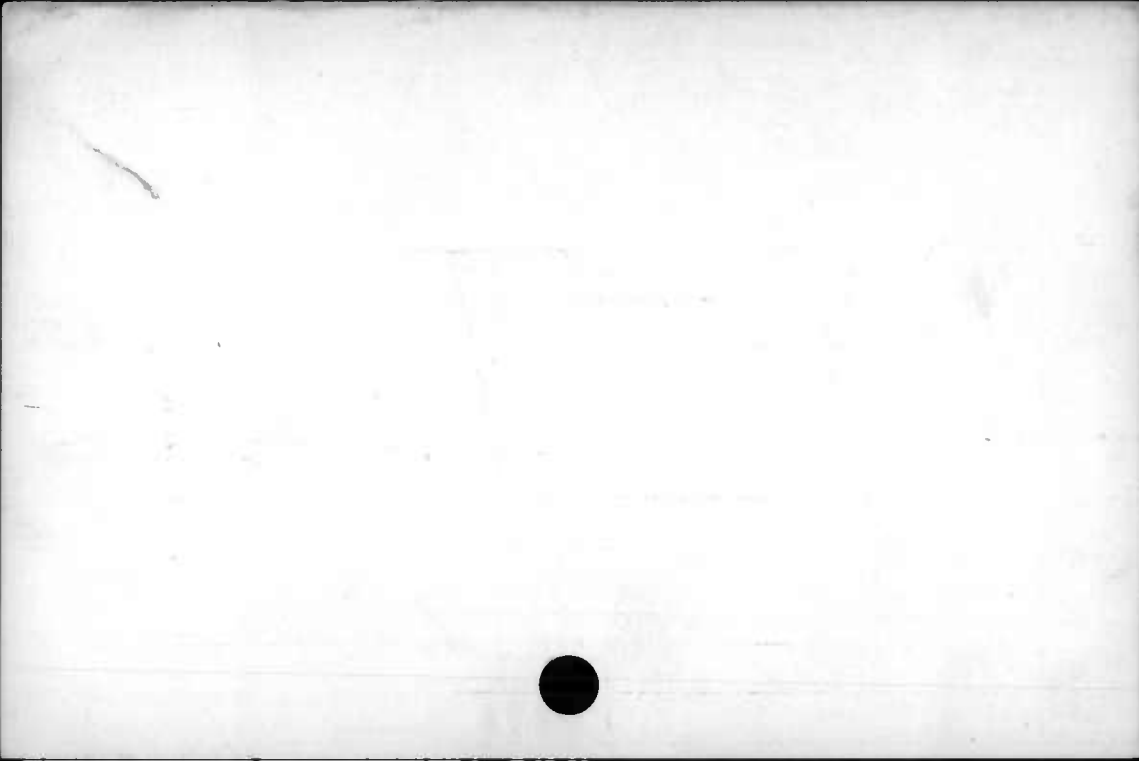
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Preslow</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>4</u>	Age <u>73</u>	Months <u>11</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ms</u>		
Occupation <u>Coapt.</u>			Where Residing if not at place of death <u>Preslow</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary L Todd</u>				
Father's Name <u>Levin Todd</u>	Father's Birthplace <u>Ms</u>				
Mother's Maiden Name <u>Julia Hubbard</u>	Mother's Birthplace <u>Ms</u>				
Name of person giving Information <u>Mary L Todd</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Inter Nephritis</u>	How long <u>7</u>
Immediate <u>Uremic Poisoning</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J Raymond Dawne</u>
	Address
Accident or Suicide?	



Name
in
Full

Rachel Florence Trubitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Henderson^{County} Caroline

MARYLAND

Date of death 1900 Aug

Day 20

Age 18

Months 4

Sex Female

Color or Race White

Birth-place Delaware

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name James Trubitt

Father's Birthplace Delaware

Mother's Maiden Name Rachel Pearson

Mother's Birthplace Delaware

Name of person giving information James Trubitt

How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever

How long 42 days

Immediate Exhaustion

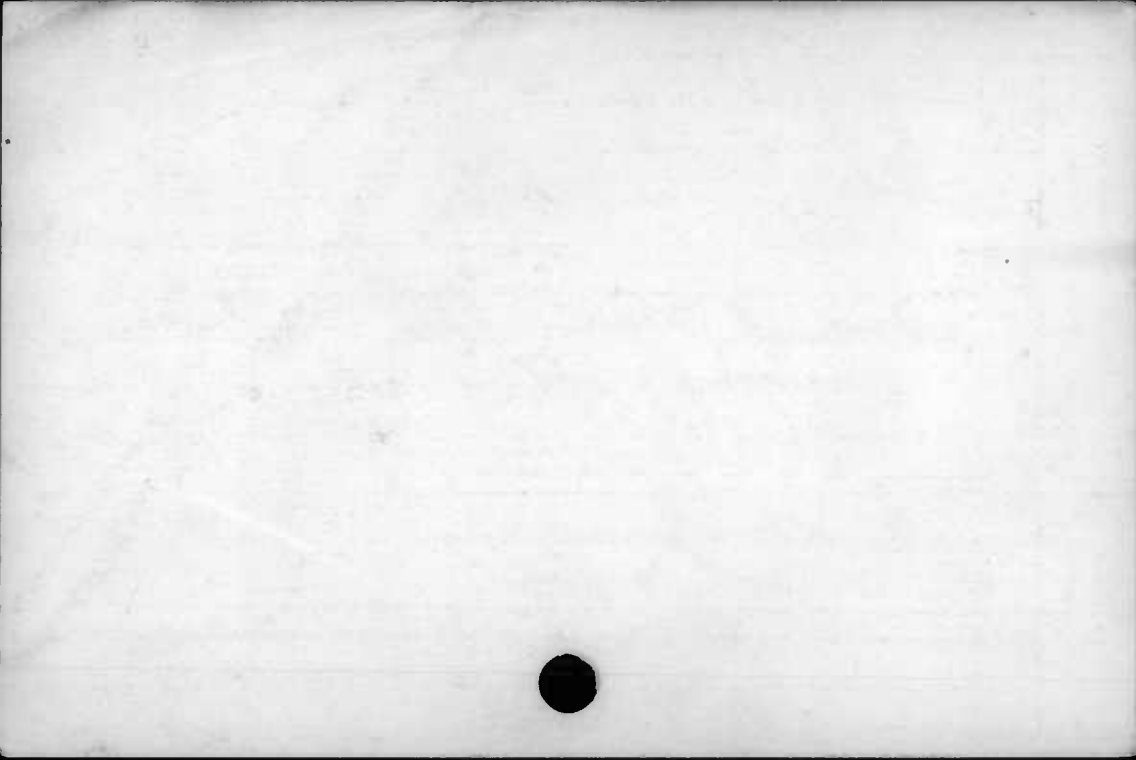
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician F. Silver.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

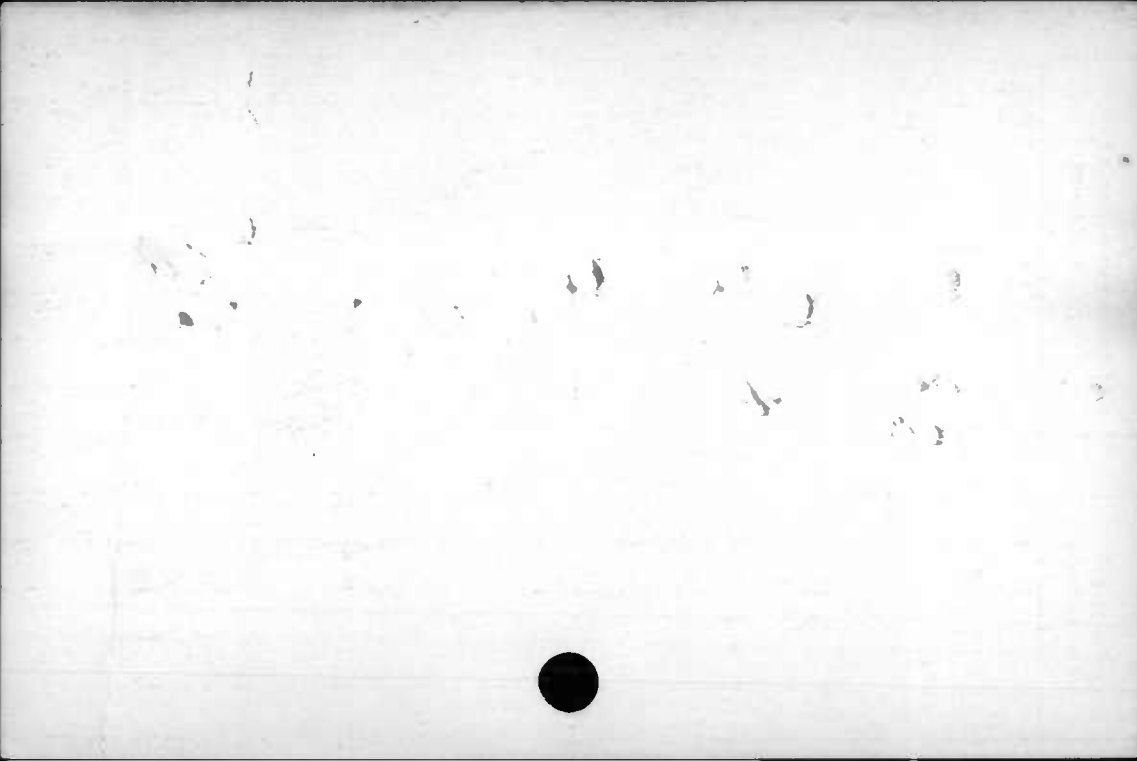
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marydel</i> ^{Town}		<i>Harner</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Aug</i>	^{Day} <i>20</i>	^{Age} <i>7</i>	^{Years} <i>7</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto.</i>
Occupation	<i>none</i>		Where Residing if not at place of death	<i>Baltimore</i>	
<input checked="" type="checkbox"/> Married, Single	<input type="checkbox"/> Widowed		Name of Wife or Husband		
Father's Name	<i>Frank Harner</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Annie Priestley</i>			Mother's Birthplace	<i>"</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 months</i>
Immediate	<i>Heart failure</i>	How long	<i>3</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. F. Nicols</i>
		Address	<i>Marydel, Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
FullCaroline West-
Denville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

August

10

Age

4

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Infant

Where Residing if not
at place of death

White

Married, Single
or Widowed

"

Name of Wife or
Husband

"

Father's
Name

Zachariah West

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ida V. Jones

Mother's
Birthplace

4

Name of person giving
Information

Zachariah West

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

3 weeks

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

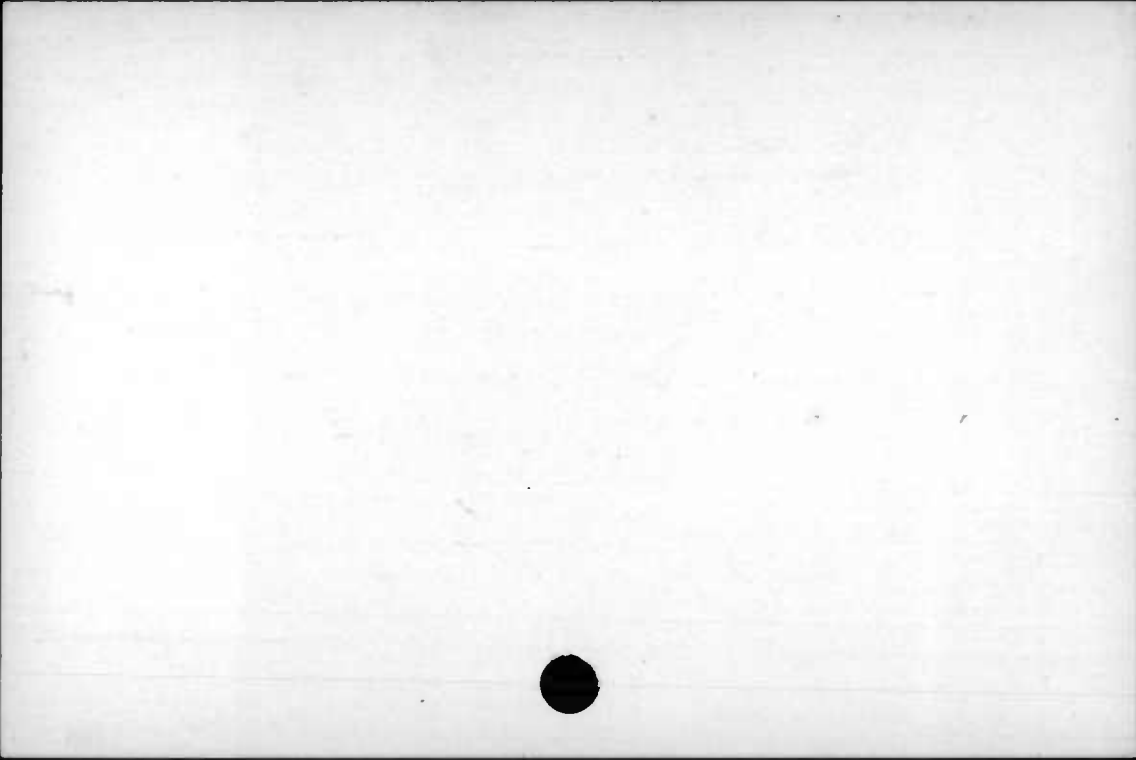
Amos George West

Address

Denville Caroline Co
Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Norman Laurence Willoughby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1905	Month	Aug	Day	14
Age	9	Years	1	Months	—
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	None	Where Residing if not at place of death <i>Denton</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>None</i>			
Father's Name	<i>F. T. Willoughby</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Anna Colbourne</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>F. T. Willoughby</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Heart disease</i>	How long	<i>6 months</i>
Immediate	<i>Same</i>	How long	<i>—</i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. P. D. Jones</i>
		Address	<i>Denton</i>
Accident or Suicide?	<i>No</i>		<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bethesda</i>		<i>Wright (Mm)</i> <i>Caroline</i>		MARYLAND	
Date of death	1905	Month	Aug	Day	
Sex		Color or Race	White	Age	
Occupation			Birth-place	Maryland	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

